

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1958 CERTIFICATE OF DEATH

Reg. Dist. No.

01948

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Carroll</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN lb <i>2 hours</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hosp</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Union Bridge, Md.</i>				
d. STREET ADDRESS <i>RURAL 06X-2</i>		d. STREET ADDRESS <i>RURAL 06X-2</i>				
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)	First <i>BABY</i>	Middle <i>GIRL</i>	Last <i>Albaugh</i>			
4. DATE OF DEATH <i>February 20</i>	Month <i>February</i>	Day <i>20</i>	Year <i>1958</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>February 20, 1958</i>			
9. AGE (In years lost birthday) yrs. <i>2</i>	10. IF UNDER 1 YEAR Months <i>2</i>	11. IF UNDER 24 HRS. Days <i>30</i>	12. IF UNDER 24 HRS. Hours <i>2</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
		<i>FREDERICK</i>				
13. FATHER'S NAME <i>Park R. Albaugh</i>	14. MOTHER'S MAIDEN NAME <i>Mary Burrier</i>	MD UNION BRIDGE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>MARY B. ALBAUGH</i>	Address <i>UNION BRIDGE MD</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH <i>2 hr.</i>				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity</i>						
DUE TO <i>776X</i>						
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO						
(c)						
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>201 1/2 E. 20th St.</i>	20f. (City or town) <i>Frederick</i>	(County) <i>Maryland</i>	(State) <i>MD</i>
21. I certify that I attended the deceased from <i>201 1/2 E. 20th St.</i> , 1958, that I last saw the deceased alive on <i>20 Feb 1958</i> , and that death occurred at <i>5 PM</i> , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <i>Frederick, Maryland</i>	DATE SIGNED <i>2/21/58</i>	
ACTUAL SIGNATURE <i>A. M. Powell Jr.</i>		PHYSICIAN'S NAME (Type) <i>A. M. Powell Jr.</i>		FREDERICK MARYLAND		
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>2/21/58</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>PIPE CREEK CEM. CARRALL COUNTY MD</i>	22d. LOCATION (City, town, or county) (State) <i>CARRALL COUNTY MD</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>D. H. Hartshorn, Union Bridg. Md.</i>		ADDRESS <i>206 1/2 E. 20th St.</i>	24a. REC'D BY REGISTRAR DATE <i>Feb 22, 1958</i>	24b. REGISTRAR'S SIGNATURE <i>John Smith</i>		

TO HOSPITAL: After this certificate has been signed by the attending physician, it may be released to the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-troussil permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE POLICE DEPARTMENT - MILWAUKEE 18
CERTIFICATE OF DEATH

BUREAU V.

FEB 24 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 Item 9 File G226 3-3-58 et
1960 CERTIFICATE OF DEATH

Reg. Dist. No.

01949

1. PLACE OF DEATH o. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND b. COUNTY Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 50 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1112 Motter Ave.		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or print) Daisy		First Carrie	Middle fornia
		Last Nicholas	4. DATE OF DEATH Feb.
5. SEX Female		6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Mar. 7-1878		9. AGE (In years last birthday) 79 80	10. IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
13. FATHER'S NAME George Nicholas		14. MOTHER'S MAIDEN NAME Caroline Chase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address James E. Ambush Jr. 320 N. Bentz St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X		Cerebral vascular accident	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		(b) Senility	
DUE TO (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 1-1 , 19 58 , to 2-19 , 19 58 , that I last saw the deceased alive on 2-14 , 19 58 , and that death occurred at 10 30 p.m., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE <i>Rex R Martin</i>		M.D.	
PHYSICIAN'S NAME (Type) <i>Rex R Martin</i>		35E. Church Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-22-58	22c. NAME OF CEMETERY OR CREMATORIUM Fairview
22d. LOCATION (City, town, or county) Frederick, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks		ADDRESS 111 Frederick, Md.	24a. REC'D BY REGISTRAR DATE FEB 25 '58
			24b. REGISTRAR'S SIGNATURE <i>Albert J. Schuck</i>

TO HOSPITAL
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE GOVERNMENT OF GREENBAY - WISCONSIN

CERTIFICATE OF DEATH

BUREAU Y.

FEB 25 1928

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 F11mC226 3-6-58 et.
1961 CERTIFICATE OF DEATH

Reg. Dist. No.

01950

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Frederick		c. LENGTH OF STAY IN 1b 6 yrs.	
d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION I. O. O. F. Home		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	
d. STREET ADDRESS 2212 Virginia Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. DATE OF DEATH Month Feb.		Month Day 25 Year 1958	
3. NAME OF DECEASED (Type or print) Nellie		First Middle Grace Beesecker	
4. SEX Female		5. COLOR OR RACE White	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		7. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Jan. 12 1887		9. AGE (in years last birthday) 71 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resident		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Beesecker		14. MOTHER'S MAIDEN NAME Ellen Virginia Snyder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Elsie Kline		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) To carcinoma Stomach DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arterio sclerosis DUE TO (c) -----	
		INTERVAL BETWEEN ONSET AND DEATH 6 months	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) -----	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -----		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb. 1, 1958 to Feb. 26, 1958 , that I last saw the deceased alive on Feb. 24, 1958 , and that death occurred at 9:15 AM , from the causes and on the date stated above. ACTUAL SIGNATURE W. M. Smith M.D. PHYSICIAN'S NAME (Type) WILLIAM M. SMITH			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 27-58	
22c. NAME OF CEMETERY OR CREMATORIUM ROSE HILL CEMETERY		22d. LOCATION (City, town, or county) Hagerstown Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Albert L. Leaf Williamsport, Md		24a. REC'D BY REGISTRAR DATE FEB 28 1958	
24b. REGISTRAR'S SIGNATURE John Smith			

TO HOSPITAL may be referred to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HOMELAND SECURITY

CERTIFICATE OF PRIORITY

REF ID: A61222

BUREAU V. S
RECEIVED
FEB 22 1998

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01951

1999 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		c. LENGTH OF STAY IN lb 219 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick County Chronic Hospital		d. STREET ADDRESS 23 Hamilton Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First SARAH	Middle SUSAN	Last BISER	4. DATE OF DEATH February 10, 1958	Month Day Year				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 28 Feb 1868	9. AGE (In years last birthday) 89 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Joseph D. Wiles			14. MOTHER'S MAIDEN NAME Mary Jane Staub						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Clara V. Harshman		Address (Same as item #2)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis INTERVAL BETWEEN ONSET AND DEATH 4 yr.									
422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Arteria Tuberculosis 4 yr.									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Feb 7, 1958		(County) Frederick	(State) Md.
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P.M., from the causes and on the date stated above.									
ACTUAL SIGNATURE H. F. Kline									
PHYSICIAN'S NAME (Type) H. F. Kline, M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-13-58		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland									
ADDRESS M. R. Etchison & Son, Frederick, Maryland					24a. REC'D BY REGISTRAR FEB 13 '58	24b. REGISTRAR'S SIGNATURE Alt-Beach			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1962 Item 9 Film G225 2-25-58 et

Reg. Dist. No.

01952

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital				d. STREET ADDRESS 325 East Church	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) John		First J	Middle H	Last Bowens	4. DATE OF DEATH February 10
Month	Day	Year			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1892	9. AGE (In years 66) <small>last birthday</small>	IF UNDER 1 YEAR 66 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Contractors		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Bowens		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-01-5861		17. INFORMANT Hospital records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 916.0		INTERVAL BETWEEN ONSET AND DEATH 7 hours			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. b)					
DUE TO c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Cloths caught fire, was unable to get them off			
20c. TIME OF INJURY 6-30 AM 2/10/58	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	20f. (City or town) Frederick, Frederick, Md.	(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <i>B.O. Thomas</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			DATE SIGNED February 10, 1958	
EXAMINER'S NAME (Type) B.O. Thomas, M.D.	22b. BURIAL, CREMATION OR REMOVAL (Specify) Burial		22c. DATE THEREOF 2-12-58	22d. NAME OF CEMETERY OR CREMATORIUM Fairview	22e. LOCATION (City, town, or county) Frederick, Md.
VS. ATGME 5M 2/57	22f. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III		ADDRESS Frederick, Md.	24a. REC'D BY REGISTRAR FEB 14 '58	24b. REGISTRAR'S SIGNATURE <i>Alfred J. Schaefer</i>

RECEIVED

BUREAU V. S.

FEB 14 1968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2000

CERTIFICATE OF DEATH

Reg. Dist. No.

01953

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural RD#1		c. LENGTH OF STAY IN lb 34 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Adamstown-Rural RD#1			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Adamstown				d. STREET ADDRESS Near Adamstown		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First CHARLES	Middle HENRY	Last BOYER	4. DATE OF DEATH February 12,	Month 1958	Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4 June 1894	9. AGE (In years at birthday) 63 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John H. K. Boyer		14. MOTHER'S MAIDEN NAME Ella V. Stockman					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO 219-36-4265		17. INFORMANT Mrs. Mary M. V. Boyer (Same as item #1)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Days</i>	
<i>177x</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.		DUE TO (b) <i>Carcinoma of the prostate</i>					<i>Months</i>
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Middletown	(County) (State)
21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____	
alive on _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____	
ACTUAL SIGNATURE <i>James B. Thomas</i>		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____	
PHYSICIAN'S NAME (Type) James B. Thomas, M. D.		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-15-58		22c. NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery		22d. LOCATION (City, town, or county) Middletown	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR FEB 14 '58		24b. REGISTRAR'S SIGNATURE <i>Chas. Etchison</i>	

BUELAU V. S.

73 11



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1963

CERTIFICATE OF DEATH

01951

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE		Maryland		b. COUNTY	Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Frederick		resident		Brunswick		--				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		Frederick Memorial Hospital		d. STREET ADDRESS		--				
3. NAME OF DECEASED (Type or print)	First:	Middle:	Last:	4. DATE OF DEATH	Month:	Day:	Year:			
Hildred	Louise	Buddy		Feb.	8	1958				
S. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
F	W		JAN. 18, 1826	32 yrs.	Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?	
Housewife			-			Washington, D.C.			U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
William Henry Dakin			Emma Elizabeth Hoffner							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT				
No			Model McGaugh			Lantz, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			Hodgkin's Disease, generalized			INTERVAL BETWEEN ONSET AND DEATH				
201X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)						5 yrs.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 1, 1955</u> , to <u>Feb. 8, 1958</u> , that I last saw the deceased alive on <u>Feb. 8, 1958</u> , and that death occurred at <u>11:00 P.M.</u> from the causes and on the date stated above.									ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE <u>Thomas R. Reid M.D.</u>										
PHYSICIAN'S NAME (Type) <u>Thomas R. Reid</u>										
22a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>8-11-58</u>		22c. NAME OF CEMETERY OR CREMATORIUM <u>Locust Valley</u>			22d. LOCATION (City, town, or county) <u>Locust Valley</u>		(State) <u>Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Elva J. Foster</u>		ADDRESS <u>Brunswick, Md.</u>		24a. REC'D BY REGISTRAR			24b. REGISTRAR'S SIGNATURE <u>Alberach</u>			

TO HOSPITAL OR
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

SIA DIVISION

2018-01-17

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1955

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by the files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		1964		2. USUAL RESIDENCE (Where deceased lived if institution or residence before admission) a. STATE Maryland		b. COUNTY Montgomery		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington		d. STREET ADDRESS 5011 Orleans Court		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) George		First	Middle	Last	4. DATE OF DEATH February	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH II/2/1896	9. AGE (In years last birthday) 61 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Brockmeyer		14. MOTHER'S MAIDEN NAME ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Ye		16. SOCIAL SECURITY NO.		17. INFORMANT Hosp. Records.		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH 3 hrs.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1/18x		Fractured Pelvis, Femur and Ribs						
DUE TO Conditions, if any, which gave rise to immediate cause (b) (c), stating the underlying cause last.								
DUE TO (b) (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)								
Acetylsalicylic acid intoxication; Lacerated wrist&hemorrhage						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Jumped out of third story window						
20c. TIME OF INJURY Hour 1 AM Date 2/27/58		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, shop, office bldg., etc.) Hotel		20f. (City or town) Frederick		(County) Frederick (State) Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <i>B.O. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 2/28/58		
EXAMINER'S NAME (Type) B.O. Thomas		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						
22a. BURIAL, CREMATION REMOVAL (Specify) Burial		22b. DATE THEREOF 3-4-58		22c. TYPE OF Crematory HOTEL		22d. LOCATION HOTEL		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Timothy Hanlon-3831-G-Acre-H.</i>		ADDRESS		24a. REC'D BY REGISTRAR MAR 6 50		24b. REGISTRAR'S SIGNATURE <i>John Hanlon</i>		

STREAU V. S.

MAR 6 1958

STREAU V.

1 Item 18 Film 226 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

01956

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the funeral director or his designee.

V3 ALSM
SM 2/57

1. PLACE OF DEATH
a. COUNTY

Frederick

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick

c. LENGTH OF STAY IN lb

4 days

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Frederick

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE Md.

b. COUNTY Frederick

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

X Rural Middletown

d. STREET ADDRESS

e. IS RESIDENCE
ON A FARM?
YES NO

3. NAME OF
DECEASED
(Type or print)

First
Clark

Middle
Victor

Last
Brown

4 DATE
OF
DEATH

Month
2

Day
12

Year
1958

5. SEX

6. COLOR OR RACE

male

white

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

2/17/1941

9. AGE (In years
from birthday)
16

yrs.

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Clark V. Brown

14. MOTHER'S MAIDEN NAME

Mary Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Reuben Baker, Middletown, Md.

no

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Clostridia Welchii

INTERVAL BETWEEN
ONSET AND DEATH

844 X

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

Infection and intoxication

DUE TO

(c)

2. MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY
PERFORMED?
YES NO

20a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)

Coasting Accident - Sudden runner penetrated thigh
Farm

20c. TIME OF INJURY Month, Day, Year
Hour _____

20d. INJURY OCCURRED
White Not white
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)
(County) (State)
Middletown (Rural) Frederick Md

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

ACTUAL
SIGNATURE

B. Thomas

M.D. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S
NAME (Type)

Dr. B. O. Thomas

2/12/1958

22a. BURIAL CREMATION
REMOVAL (Specify)

22b. DATE THEREOF

burial

2/15/1958

22c. NAME OF CEMETERY OR CREMATORIUM

Harmony Cemetery

22d. LOCATION (City, town, or county)

(State)

Frederick Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Gladhill Co., Middletown, Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

FEB 14 '58

Glenda

S. A. MURKIN

DR. ALICE MURKIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Items 8,9 Film 226 3-12-58 et

Reg. Dist. No. 1957

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shall be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained by the funeral director.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		2001 MARYLAND		2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) On 2nd Street of Lisburytown		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centerville Rural	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS Ijamsville P.O.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last		4. DATE OF DEATH		5. Month Dpy Year	
Norris William Brown		February 26		1958	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 24 HRS
Male	C	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	1898 June-18-1900	58 59 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor tavern		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Luther Brown		14. MOTHER'S MAIDEN NAME Ollie Bowie		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO 219-20-2701		Address	
17. INFORMANT				INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443X		Acute congestive failure Cardiac			
Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last.		Sclerotic heart disease			
DUE TO (c)		Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <i>B. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 2/26/58	
EXAMINER'S NAME (Type) P. Q. Thomas.		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 2-58		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Eberneezzer	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III Frederick, Md.				24a. REC'D BY REGISTRAR Centerville-Fred. Co. Md.	
				24b. REGISTRAR'S SIGNATURE <i>DeLoach</i>	
				DATE MAR 4 '58	

MANU V.A.S



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2002 CERTIFICATE OF DEATH

Reg. Dist. No. 01958

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
<i>Frederick</i>		a. STATE <i>MARYLAND</i> b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural-Broadfoot Hts.</i>		c. LENGTH OF STAY IN 1b <i>2 mo.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Hinderson Convalescent & Rest Home</i>		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Lewistown</i>	
d. STREET ADDRESS		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JONAS</i>		4. DATE OF DEATH First Middle Last Month Day Year <i>Feb. 9</i>	
5. SEX <i>m</i>		6. COLOR OR RACE <i>w</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 12, 1880</i>	
9. AGE (In years lost birthday) <i>77 yrs.</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own farm</i>	
10c. BIRTHPLACE (State or foreign country) <i>Maryland</i>		14. MOTHER'S MARRIED NAME <i>Serena Long</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-18-8404</i>	
17. INFORMANT <i>A. Mrs. J. Thomas Jr., Adamstown, Md</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Lungema</i> (c) <i>Pneumogastritis</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i>	
		4 mos	
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Nov. 2, 1957</i> to <i>Feb. 9, 1958</i> , that I last saw the deceased alive on <i>Feb. 2, 1958</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>C. J. Brice</i> M.D. ADDRESS (Street, city or town, state) <i>Jefferson Md.</i> DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>2-11-58</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Chapel Cemetery</i>		22d. LOCATION (City, town, or county) <i>Nr. Libertystown</i> (State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G.C. Barton, Walkersville</i>		24a. REC'D BY REGISTRAR DATE <i>FEB 13 '58</i>	
ADDRESS		24b. REGISTRAR'S SIGNATURE <i>Reed</i>	

GRILAU Y. S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1966 CERTIFICATE OF DEATH

01959

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 12 Years		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland		b. COUNTY Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 78 Lincoln Apartments				d. STREET ADDRESS 78 Lincoln Apartments		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) RUDOLPH		First RUDOLPH	Middle JAMES	Last CARROLL	4. DATE OF DEATH February 17, 1958	Month February	Day 17	Year 1958				
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 14 May 1945		9. AGE (In years last birthday) 12 yr.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY USA						
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Viola May Carroll								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Viola M. Carroll (Same as item #1)		Address						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 298.6 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. DUE TO (b) Crises with Liver infarct DUE TO (c) sickle cell disease						INTERVAL BETWEEN ONSET AND DEATH 4-5 days						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour a. p.m. p. m.	Month March	Doy 19	Year 1958	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) 2 P.M.	(County) Maryland	(State) MD				
21. I certify that I attended the deceased from March 1958 to 17 Feb 1958 that I last saw the deceased alive on 15 Feb 1958 , and that death occurred at 2 P.M. from the causes and on the date stated above.						ADDRESS (Street, city or town, state) M.D. 7 E. Church St., Frederick, Md.		DATE SIGNED 2-19-58				
ACTUAL SIGNATURE RL Guest												
PHYSICIAN'S NAME (Type) Russell L. Guest, M. D.												
22a. BURIAL, CREMATION, REMOVAL Burial	22b. DATE THEREOF 2-21-58	22c. NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery	22d. LOCATION (City, town, or county) Frederick, Maryland		(State) MD							
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 2-21-58		24b. REGISTRAR'S SIGNATURE Sup. eden						

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102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1967

CERTIFICATE OF DEATH

01960

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md.		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 16 4 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Fred. Co. Chronic Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Jennie M.	Middle Chrissinger	Last Chri	4. DATE OF DEATH	Month 2	Day 3	Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/10/1870	9. AGE (In years from birth) 88 yrs.	IF UNDER 1 YEAR Months 88	IF UNDER 24 HRS Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY private home		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Linton Chrissinger		14. MOTHER'S MAIDEN NAME Sophia Blumenauer		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Charles Smith, Jefferson, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4221 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) (c)		DUE TO Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 14 yrs			
DUE TO Arteria Tclerosis						4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mid thigh palpitation b/c b/c because of gangrenous toes						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D.		20f. (City or town) Middletown (County) Md. (State)	
21. I certify that I attended the deceased from alive on Jan 26 , 1958, and that death occurred at 7:45 AM , from the causes and on the date stated above. ACTUAL SIGNATURE H. Kline						ADDRESS (Street, city or town, state) 711 9th Street Frederick, Md. DATE SIGNED Feb 11 '58	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 2/5/1958		22c. NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery		22d. LOCATION (City, town, or county) Middletown, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE		24b. REGISTRAR'S SIGNATURE Feb 11 '58	

TO HOSPITAL OR FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hospital or funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BURGARD V. S.

FEB



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film 226 3-10-58 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 1961

1968

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland				b. COUNTY Carroll	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy				d. STREET ADDRESS R.F.D. # 2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hosp.						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Harry		First H	Middle S.	Last Christiansen	4. DATE OF DEATH Christiansen	Month Feb	Day 27	Year 1958	
S SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH June 4, 1918		9. AGE (In years (last birthday) 39 yrs		IF UNDER 1 YEAR, IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Harry E. Christiansen		14. MOTHER'S MAIDEN NAME Florence S. Scholtka				Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO ?		17. INFORMANT Mrs Florence Christiansen, Milwaukee, Wis.		INTERVAL BETWEEN ONSET AND DEATH 24 hours.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis, acute DUE TO (etiological agent not isolated)									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ DUE TO									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Prince Georges Co., Md.		(County) Prince Georges Co. (State) Md.	
21. I certify that I attended the deceased from 2/26/58 to 2/27/58 , that I last saw the deceased alive on 2/27/58 , and that death occurred at 2:30 A.M. from the causes and on the date stated above.									
ACTUAL SIGNATURE Henry V Chase M.D. 41 E. Church St							ADDRESS (Street, city or town, state) Frederick Md.	DATE SIGNED 2/27/58	
22a. BURIAL, CREMATION, OR REMOVAL (Specify) Cremation		22b. DATE THEREOF March 1, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Fort Lincoln		22d. LOCATION (City, town, or county) Prince Georges Co., Md.			
23. FUNERAL DIRECTOR'S SIGNATURE John L. Molesworth		ADDRESS Damascus, Md.		24a. REC'D BY REGISTRAR Min. 58		24b. REGISTRAR'S SIGNATURE J. A. Reebin			

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2903

CERTIFICATE OF DEATH

Reg. Dist. No. 011962

1. PLACE OF DEATH a. COUNTY <u>FREDERICK</u>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MARYLAND</u>		b. COUNTY <u>FREDERICK</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Middletown</u>		c. LENGTH OF STAY IN 1b <u>Life</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Middletown</u>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>FREDERICK MEMORIAL HOSPITAL</u>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Millard</u>		First <u>Calvin</u>	Middle <u>Coblenz</u>	Last <u>Coblenz</u>	4. DATE OF DEATH <u>Feb. 26, 1958</u>	Month <u>Feb.</u>	Day <u>26</u>	Year <u>1958</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-9-91</u>	9. AGE (In years, last birthday) <u>67 yrs.</u>	10. IF UNDER 1 YEAR Months <u>0</u>	11. IF UNDER 24 HRS Days <u>0</u>	Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>transportation</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12 CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Calvin R. Coblenz</u>				14. MOTHER'S MAIDEN NAME <u>Lizzie Brandenburg</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. <u>216-07-3867</u>		17. INFORMANT <u>Mrs. Pauline Coblenz, Middletown, Md.</u>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>610 X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Post - OPERATIVE — PARALYTIC ILEUS 24 HRS. (c) + GASTRO-INTESTINAL HEMORRHAGE						INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>101 FREDERICK SHOPPING CENTER</u>		20f. (City or town) <u>Middletown</u>		(County) <u></u>	(State) <u></u>
21. I certify that I attended the deceased from <u>Feb. 23, 1958</u> , to <u>Feb. 26, 1958</u> , that I last saw the deceased alive on <u>26 Feb., 1958</u> , and that death occurred at <u>3:10 AM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u></u> DATE SIGNED <u>Robert D. Crouch</u> M.D. <u>2/26/58</u>									
ACTUAL SIGNATURE <u>Robert D. Crouch</u>		PHYSICIAN'S NAME (Type) <u>ROBERT D. CROUCH</u>		FREDERICK, MARYLAND 2/26/58					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>3/1/1958</u>		22c. NAME OF CEMETERY OR CREMATORIUM <u>Reformed Cemetery</u>		22d. LOCATION (City, town, or county) <u>Middletown, Md.</u>		(State) <u></u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gladhill Co., Middletown, Md.</u>		ADDRESS <u></u>		24a. REC'D BY REGISTRAR <u>Reg. Dist. No. 011962</u>		24b. REGISTRAR'S SIGNATURE <u>John J. Crouch</u>		DATE <u>FEB 26 1958</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 4 and 5 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS ATS (4)
 15M 9/55

BUREAU V. S.

FEB 21 1973

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2004 CERTIFICATE OF DEATH

Reg. Dist. No.

01963

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Walkersville</i>		c. LENGTH OF STAY IN 1b <i>Life</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>X Walkersville</i>		d. STREET ADDRESS —		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>CORA DEVILBISS</i>		First <i>CORA</i>	Middle <i>DEVILBISS</i>	Last <i>CRAMER</i>	4. DATE OF DEATH <i>February 10 1958</i>	Month <i>February</i>	Day <i>10</i>	Year <i>1958</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 17 1872</i>	9. AGE (In years last birthday) <i>85 yrs.</i>	IF UNDER 1 YEAR Months <i>85</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>over home</i>		10c. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Solomon G. Devilbiss</i>		14. MOTHER'S MARRIED NAME <i>Henrietta Cronise</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO 17. INFORMANT <i>Miss Henrietta Cronise, Walkersville, Md.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary oedema</i>		DUE TO <i>422.1</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>(b)</i>		DUE TO <i>Arteriosclerotic CVD</i> (c)		INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i> 10 YEARS		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <i>1 April</i> , 19 <i>50</i> , to <i>2/10</i> , 19 <i>58</i> , that I last saw the deceased alive on <i>10 February, 1958</i> , and that death occurred at <i>11 p. M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>JAMES E. STONER</i>		ADDRESS (Street, city or town, state) <i>WAIVERS 11-E. Mt. 2/11/58</i>						
PHYSICIAN'S NAME (Type) <i>JAMES E. STONER, Jr.</i>		DATE SIGNED						
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 2/13/1958</i>		22b. DATE THEREOF <i>2/13/1958</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Glade cemetery</i>		22d. LOCATION (City, town, or county) <i>Walkersville, Md.</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>G.C. Barton</i>		ADDRESS <i>Walkersville, Md.</i>		24a. REC'D BY REGISTRAR DATE FEB 13 '58		24b. REGISTRAR'S SIGNATURE <i>Unreadable</i>		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2905 CERTIFICATE OF DEATH

Reg. Dist. No. 1964

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Walkersville</i>		c. LENGTH OF STAY IN 1b <i>14 yrs.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>—</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WILLIAM</i>		First <i>WALTER</i>	Middle <i>CULLER</i>
4. DATE OF DEATH <i>Feb. 26 1958</i>	Month <i>Feb.</i>	Day <i>26</i>	Year <i>1958</i>
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 15, 1877</i>
9. AGE (in years from birth date) <i>80 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS Days <i>0</i>	12. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own farm</i>	
10c. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William L. Culler</i>		14. MOTHER'S MARRIED NAME <i>Sarah Krautz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>312-24-6320</i>	
17. INFORMANT <i>Mrs. Walter Culler, Jr., Walkersville, Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. <i>420.1</i>			
(b) <i>Coronary thrombosis</i>		9 days	
DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the under- lying cause lost. <i>Arteriosclerotic cardiovascular disease</i>		10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>November 19, 53</i> to <i>26 Feb. 1958</i> , that I last saw the deceased alive on <i>25 February 1958</i> , and that death occurred at <i>5 A.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>James E. Stoner, Jr.</i> PHYSICIAN'S NAME (Type) <i>JAMES E. STONER, Jr.</i>		ADDRESS (Street, city or town, state) <i>Walkersville, Md.</i> DATE SIGNED <i>2/26/58</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>2/28/58</i>	
22c. NAME OF CEMETERY OR Crematory <i>St. Luke's Lutheran</i>		22d. LOCATION (City, town, or county) <i>Feagansville, Md.</i> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G.C. Barton</i>		24a. REC'D. BY REGISTRAR DATE <i>FEB 28 1958</i>	
ADDRESS <i>Walkersville, Md.</i>		24b. REGISTRAR'S SIGNATURE <i>John G. Barton</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DUKEAU V. A.

23 - 1259



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2006

CERTIFICATE OF DEATH

(11965)

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission) a. STATE MD		b. COUNTY Fredrick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Foxville		c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Foxville		d. STREET ADDRESS (Smithsburg R.F.D.)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) VIOLA		First E	Middle 	Last DUNCAN	4. DATE OF DEATH Feb. II. 1958	Month Feb.	Day 19	Year 19	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH Oct. 6 1869	9. AGE (In years last birthday) 88 yrs	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Foxville, Fredk. Co., Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Allen E. Hayes				14. MOTHER'S MAIDEN NAME Martha Kesselring					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO No. Mrs Fern Fox, Lantz, MD.		17. INFORMANT		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal hypostatic bronchopneumonia 471.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Heart disease Chr. bivalver DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 day			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized arteriosclerosis									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) None				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Nat white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 		20f. (City or town) 		(County) 	(State)
21. I certify that I attended the deceased from Feb. 1—1958 , to Feb. 11—1958 , that I last saw the deceased alive on Feb. 11—1958 , and that death occurred at 10:00 P.M. from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Thurmont, Md.		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 15. 1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Bethel M.E.Cem		22d. LOCATION (City, town, or county) Nr. Garfield, Fredk. Co., Md		(State) 	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond Ettinger		ADDRESS Thurmont, MD		24a. REC'D BY REGISTRAR FEB 14 '58		24b. REGISTRAR'S SIGNATURE John J. Walsh			

TO HOSPITAL may be referred to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, or in any event within 72 hours after death.

BUREAU V. S.

FEB 1 1944

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1969 CERTIFICATE OF DEATH

Reg. Dist. No. 11966

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b Since 2/20/58	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Frederick-Rural RD#3	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital	d. STREET ADDRESS Near Yellow Springs		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) NORMAN	First LEWIS	Middle DUTROW, SR.	Last
4. DATE OF DEATH February 25, 1958	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 13 Aug 1890
9. AGE (In years last birthday) 67 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Granville M. Dutrow		
14. MOTHER'S MAIDEN NAME Julia E. Hildebrand		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 219-36-4223		17. INFORMANT Mrs. Mary C. Dutrow (Same as item #2)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 50X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 1948, to Feb. 25, 1958, that I last saw the deceased alive on Feb 25, 1958, and that death occurred at 1:15A M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. F. Kline</i> ADDRESS (Street, city or town, state) M.D. 7 N. Market St., Frederick, Md. DATE SIGNED 2-26-58			
PHYSICIAN'S NAME (Type) H. F. Kline, M. D.		<i>H. F. Kline, M. D.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-28-58	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE FEB 28 '58	24b. REGISTRAR'S SIGNATURE <i>DeLoach</i>

YANKEE

8361 1959

TRADE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1970

CERTIFICATE OF DEATH

Reg. Dist. No.

(11967)

1. PLACE OF DEATH a. COUNTY FREDERICK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		b. COUNTY FREDERICK	
c. LENGTH OF STAY IN Tb DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LIBERTY TOWN	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JESSIE MAY Eader	First	Middle	Last
4. DATE OF DEATH Feb. 22 1958	Month	Day	Year
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 5 - 1893
9. AGE (In years last birthday) 64 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES M EADER	14. MOTHER'S MAIDEN NAME IDA SHEETENHELM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT EDNA E SMITH	Address LIBERTYTOWN MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cerebral Thrombosis (<i>& Hemiplegia, it</i>) INTERVAL BETWEEN ONSET AND DEATH 14 days			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 22 SN Market St. Feb. 22, 1958	
21. I certify that I attended the deceased from Feb. 20 , 1958, to 21 , 1958, that I last saw the deceased alive on Feb. 21 , 1958, and that death occurred at 9:30 p.m. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22 SN Market St. Feb. 22, 1958			
ACTUAL SIGNATURE Bernard C. Thimbs Jr.		DATE SIGNED Feb. 22, 1958	
PHYSICIAN'S NAME (Type) Bernard C. Thimbs Jr.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 2/24/58	22c. NAME OF CEMETERY OR CREMATORIAL FAIRMOUNT	22d. LOCATION (City, town, or county) LIBERTYTOWN MD
23. FUNERAL DIRECTOR'S SIGNATURE DN Hartley & Sons, Liberytown Md	ADDRESS	24a. REC'D BY REGISTRAR DATE FEB 25 '58	24b. REGISTRAR'S SIGNATURE Quinton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BURNAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01968

Reg. Dist. No.

1971

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 31 Winchester Street	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 31 Winchester Street				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (Also known as Eugene Frederick Elsroad)		4. DATE OF DEATH February 17, 1958		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 11 June 1893		9. AGE (in years last birthday) 64 yrs.		10. IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Fertilizer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Wesley Elsroad				14. MOTHER'S MAIDEN NAME Victoria V. Hahn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WWI		16. SOCIAL SECURITY NO. 220-10-5166		17. INFORMANT Address Howard S. Fink, 27 N. Court St., Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH MINUTES			
(b) 400.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				DATE SIGNED 2-19-58			
ACTUAL SIGNATURE 				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
EXAMINER'S NAME (Type) B. O. Thomas, M. D.		22. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 2-21-58 22c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery 22d. LOCATION (City, town, or county) (State) Frederick, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE Feb 21 1958 24b. REGISTRAR'S SIGNATURE 			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with Farm PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to removal.

BUREAU V. S.

FEB 22 1959

BUREAU

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1972 CERTIFICATE OF DEATH

Reg. Dist. No.

01969

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 18 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 106 West Third Street	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 106 West Third Street						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First JAMES	Middle CRAWFORD	Last EWING	4. DATE OF DEATH	Month February	Day 23	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 20 July 1875	9. AGE (In years last birthday) 82 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mechanical Engineer		11. BIRTHPLACE (State or foreign country) Rhode Island		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Ewing		14. MOTHER'S MAIDEN NAME Jessie Primrose					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
				Mrs. Mina A. Ewing (Same as item #1)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>9 months</i>							
DUE TO <i>177X</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>Carcinoma of Prostate</i> 2 years							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.		Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 W. 3rd St., Frederick, Md.	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 1, 1958 , to Feb 23, 1958 , that I last saw the deceased alive on Feb 23, 1958 , and that death occurred at 12:15 P.M. from the causes and on the date stated above.							
ADDRESS (Street, city or town, state) 4 W. 3rd St., Frederick, Md. DATE SIGNED 2-24-58							
ACTUAL SIGNATURE <i>Thomas E. Stone</i>							
PHYSICIAN'S NAME (Type) Thomas E. Stone, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-26-58	22c. NAME OF CEMETERY OR CREMATORIUM Frederick Memorial Park			22d. LOCATION (City, town, or county) Frederick, Maryland (State)		
23. FUNERAL DIRECTOR'S SIGNATURE Me. R. Etchison & Son, Frederick, Maryland				ADDRESS		24a. REC'D BY REGISTRAR DATE FEB 25 1958	24b. REGISTRAR'S SIGNATURE <i>W. J. Etchison</i>

3. A. 1991



**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist. No. 1970

1. PLACE OF DEATH a. COUNTY Frederick		2007		3. NAME OF DECEASED (Type or print) EARNEST LEE FARR		4. DATE OF DEATH February 10, 1958	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont-Rural		c. LENGTH OF STAY IN lb Minutes		5. SEX Male		6. COLOR OR RACE White	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Catoctin Furnace		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 14 April 1914		9. AGE (In years at birthday) 43 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk		16. SOCIAL SECURITY NO. 439-09-0221	
17. INFORMANT Paul Worley, Marshall, N. C.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 823X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) DUE TO		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automtoactor ran in Stone wall		20c. TIME OF INJURY Month, Day, Year Hour 5 o.m. 2/10 1958		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 15		20f. (City or town) Catoctin Furnace		(County) Frederick Md		(State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <i>B. O. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 2-11-58			
EXAMINER'S NAME (Type) B. O. Thomas, M. D.		22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF 2-11-58		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS M. R. Etchison & Son, Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		22d. LOCATION (City, town, or county) Marshall, North Carolina		24a. REC'D BY REGISTRAR FEB 13 1958		24b. REGISTRAR'S SIGNATURE <i>W. A. Etchison</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the registrar prior to removal.

ESTEAVY'S

APR 20 1961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
*** 1973 CERTIFICATE OF DEATH**

Reg. Dist. No.

01971

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Hours		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.F.D.#4			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS Prospect Knoll		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Walter	Middle PAUL	Last Feaga	4. DATE OF DEATH 2	Month July	Day 16	Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH June 9, 1892	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming&Auto Salesman		10b. KIND OF BUSINESS OR INDUSTRY Farm & Auto Sales		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Edward Feaga		14. MOTHER'S MAIDEN NAME Elizabeth Agnes Unglebower					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO 214-10-4835		17. INFORMANT Mrs. Maybelle G. Feaga-Same as Item # 2		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 DUE TO Acute Coronary Thrombosis INTERVAL BETWEEN Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic heart disease ONSET AND DEATH DUE TO 2 yrs							
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 E Church St		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/16 , 1958, to 2/16 , 1958, that I last saw the deceased alive on 2/16 , 1958, and that death occurred at 10 P.M. , from the causes and on the date stated above. ACTUAL SIGNATURE Henry V Chase M.D. ADDRESS (Street, city or town, state) 4 E Church St DATE SIGNED 2/16/58							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 20, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, (State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE FEB 19 '58		24b. REGISTRAR'S SIGNATURE H. L. Green	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

SHIBAZAKI V. S.

FEB 19 1970

BUICK V. A. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• 1974 CERTIFICATE OF DEATH

Reg. Dist. No. 011972

1. PLACE OF DEATH a. COUNTY Frederick, Md.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, Md.		c. LENGTH OF STAY IN 1b Life		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION none		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, Maryland		
3. NAME OF DECEASED (Type or print) Martha		First Martha	Middle Ella	
4. DATE OF DEATH Feb. 18, 1958		Last Free	Day Year 18 58	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 20, 1871	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James A. Richardson		14. MOTHER'S MAIDEN NAME Martha Ella Collins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT Bradley T. Free 376 Madison St. Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2-3 years		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Sanity		DUE TO 2-3 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED White of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 2-1- , 19 56 , to 2-18- , 19 58 , that I last saw the deceased alive on 2-4- , 19 58 , and that death occurred at 10 A.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) 35 E. Church Frederick, Md.
ACTUAL SIGNATURE Rex R. Martin			DATE SIGNED 2-18-58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 22, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Rocky Springs Cemetery	22d. LOCATION (City, town, or county) (State) Frederick Co. Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Robert E. K. Miller Jr.		ADDRESS 1201 3rd Street, Frederick, Md.	24a. REC'D BY REGISTRAR FEB 21 '58	24b. REGISTRAR'S SIGNATURE C. E. Edwards

Y.S. MURRAY

855



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2008 CERTIFICATE OF DEATH

(11973)

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE								
Frederick MARYLAND		Maryland								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	b. COUNTY								
Braddock Heights	6 months	Balto.								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Vindobona Convalescent Home		Baltimore 24014								
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year		
		Elizabeth	M.	Getzendanner	February	7	19	58		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min	
Female	White			5-19-1879	78 yrs					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?				
Registered Nurse				Maryland		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Milton E. Getzendanner		Clara Smith								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address				
No				Mrs. Ed. Grove-Sr.— W. 2nd. St.—Frederick-Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		1 year								
151X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. } (b) DUE TO		Carcinoma Stomach (with metastases liver) 6 months								
(c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ADDRESS (Street, city or town, state)								
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from <u>Sept 1</u> , 1958, to <u>Feb 7</u> , 1958, that I last saw the deceased alive on <u>Feb 6</u> , 1958, and that death occurred at <u>12:30A.M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>Bernard C. Flanagan Jr.</u> M.D. ADDRESS (Street, city or town, state) DATE SIGNED <u>Frederick, Maryland, 2/10/58</u>										
PHYSICIAN'S NAME (Type)		Professional Bldg.—Frederick—Maryland								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-10-1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland			(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>C.E.Cline & Son</u>		W. ADDRESS Frederick-Md.		24a. REC'D BY REGISTRAR FEB 11 '58			24b. REGISTRAR'S SIGNATURE <u>Pauline</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Y. S.
FURNACE

FEB 11 1962

WEGELE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2009

CERTIFICATE OF DEATH

Reg. Dist. No.

111974

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Flinthill		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Flinthill			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Flinthill		d. STREET ADDRESS Rural Rt. 1 Adamstown		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Clara	Middle Hellen	Last Gilchrist	4. DATE OF DEATH February 6 1958	Month	Day	Year
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30-1888	9. AGE (In years from birthday) 69 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Frederick Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James F. Lee				14. MOTHER'S MAIDEN NAME Martha Whinns			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-30-7569		17. INFORMANT Charles Franklin Scott Adamstown Rt. 1		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Renal Vascular Disease</i> DUE TO <i>44-7</i>							
INTERVAL BETWEEN ONSET AND DEATH <i>3 yr</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b)		DUE TO (c)					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White of work <input type="checkbox"/> Not white of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-16 1954 to 2-6 1958 that I last saw the deceased alive on 2-5 1958 , and that death occurred at 6: P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 30 W. All Saints St. Frederick, Md.							
DATE SIGNED 2/1958							
ACTUAL SIGNATURE. <i>U.G. Bourne Jr.</i> M.D.							
PHYSICIAN'S NAME (Type) U.G. Bourne Jr.		30 W. All Saints St. Frederick, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 9-58		22c. NAME OF CEMETERY OR CREMATORIUM Fairview		22d. LOCATION (City, town, or county) Frederick, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III Frederick, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE Feb. 10 1958		24b. REGISTRAR'S SIGNATURE <i>Deereen</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

BUREAU V. S.

FEB 10 19

LEGISLATIVE

111975

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1975 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md.		b. COUNTY Fred.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jamsville		d. STREET ADDRESS /	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hosp.						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Pamela	Middle Kaye	Last Hallman	4. DATE OF DEATH Feb 21	Month Feb	Day 19	Year 58
5. SEX F	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-12-58	9. AGE (In years last birthday) yrs. 2	10. IF UNDER 1 YEAR Months 2	11. IF UNDER 24 HRS. Days 2	Hours Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wayne Augustus Chase				14. MOTHER'S MAIDEN NAME Jane Esther Hallman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. *****		17. INFORMANT Hospital Records		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage INTERVAL BETWEEN ONSET AND DEATH 100.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Cause (a), stating the under- lying cause last. (c)							
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Malrotation of intestines 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> At work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-12-58 , 19, to 2-14-58 , 19, that I last saw the deceased alive on 2-14-58 , 19, and that death occurred at 4 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____							
ACTUAL SIGNATURE J.F. Heldrich M.D.							
PHYSICIAN'S NAME (Type) F.J. Heldrich, M.D.		Frederick Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-15-58		22c. NAME OF CEMETERY OR CREMATORIAL Fairview		22d. LOCATION (City, town, or county) (State) Frederick, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III		ADDRESS Frederick, Md.		24a. REC'D BY REGISTRAR DATE Feb 25 '58		24b. REGISTRAR'S SIGNATURE Charles E. Hicks	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

3. V. 100000



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1976 CERTIFICATE OF DEATH

Reg. Dist. No. 111976

1. PLACE OF DEATH a. COUNTY		Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		Maryland					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb Frederick 3 hrs.		b. COUNTY		Frederick					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		Frederick Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Rural Hwy Market					
d. STREET ADDRESS				d. STREET ADDRESS							
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year			
Ella				Lavinia Harshman	Feb	12	1958				
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
F		W		Jan. 1, 1891	67 yrs	Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Housewife				Maryland		USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME									
Josiah Burrier		Lavinia LONG									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO		17. INFORMANT		Address					
No				Harry H. Harshman		New Market					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis 3 days. 420.0 DUE TO											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) Atherosclerotic Heart disease 1 yr + DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that I attended the deceased from 2/12/58, 19, to 2/12/58, 19, that I last saw the deceased alive on 2/12, 1958, and that death occurred at 5:30 PM, from the causes and on the date stated above.											
ADDRESS (Street, city or town, state) DATE SIGNED Henry V Chase M.D. 46 Church St 2/12/58											
ACTUAL SIGNATURE		PHYSICIAN'S NAME (Type)									
Henry V. Chase		Frederick Md									
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town, or county)		(State)			
BURIAL		FEB 15-58		BRETHERTON CEMETERY NO PROVIA		MD					
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE					
W. E. Salvesen		H. W. Harshman		DATE 2/12/58		Signature					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be referred to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. E.

1959

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1977 CERTIFICATE OF DEATH

Reg. Dist. No.

11977

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 50 Years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8 Monroe Avenue		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or print) LEWIS		First ELMER	Middle HEERD
4. DATE OF DEATH February 9, 1958	Month February	Day 9	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH February 21, 1885
		9. AGE (In years last birthday) 72 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder		10b. KIND OF BUSINESS OR INDUSTRY Brush Company	11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Louis C. Heerd		14. MOTHER'S MAIDEN NAME Annie M. Schaum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-2336	17. INFORMANT Address Mrs. Mamie G. Heerd, Same as item #1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 mos	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) (c)		DUE TO Ob Hypertension & Atherosclerosis DUE TO (c) 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 6-21 , 19 50 to 2-9 , 19 58 , that I last saw the deceased alive on 2-8 , 19 58 , and that death occurred at 8:15A.M. from the causes and on the date stated above. ACTUAL SIGNATURE M. G. Bourne Jr. ADDRESS (Street, city or town, state) M.D. West All Saints Street DATE SIGNED 2/10/58			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 12, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
22d. LOCATION (City, town, or county) Frederick,		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR FEB 11 '58	24b. REGISTRAR'S SIGNATURE W. E. Etchison

UNITED STATES

FEB

REGISTRATION
1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11978

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be returned to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by the Health Department.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. 2010 Item 13, 14 Film 226 3-17-58 at		3. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
<i>Frederick County Carroll</i>				a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		b. COUNTY	
Route 97 3 miles East of Tayentown				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DOA Frederick Memorial Hospital		3002 Chesterfield Ave.			
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH Month Day Year
Elmer		L		Hobbs	February 15 1958
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Janurary 16, 1886	72 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
t ool & die maker				Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Benedict Hobbs		Mary Virginia Ringgold		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
no				Elmer H. Hobbs 2512 Moore Ave. Balto. 14	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture base of skull					
DUE TO					
Conditions, if any, which gave rise to immediate cause (b)					
(a), stating the underlying cause last (c)					
DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.					
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Thrown out of car wheels of car ran over neck					
20c. TIME OF INJURY Month, Day, Year How 3 <input checked="" type="checkbox"/> p.m. 2/15/58		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> of work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 97	
20f. (City or town) Nr. Taneytown Carroll Md.		(County)		(State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <i>B.O. Thomas</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) B.O. Thomas, M.D.				DATE SIGNED 2/15/58	
22a. BURIAL, CREMATION REMOVAL (Spec'd) burial		22b. DATE THEREOF 2/20/58		22c. NAME OF CEMETERY OR CREMATORIUM Lorraine Cemetery	
22d. LOCATION (City, town, or county) Balto. Co., Md.				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Homes, Balto., Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE FEB 24 '58	
				24b. REGISTRAR'S SIGNATURE <i>John J. Ullrich</i>	

BUREAU V.

EB 61 1958

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director or to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the examiner or files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trust permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15ME
SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11979

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Flint Hill	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	X Flint Hill		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Adamstown R.F.D.I.	d. STREET ADDRESS	X Adamstown R.F.D.I.	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Elba	Middle Christine	4. DATE OF DEATH	Month February I Day 19 Year 1958		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH	(9) AGE (In years from birthday) December 20, 1930 27 yrs		
Female	Colored	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	*****		Maryland	U.S.A.		
13. FATHER'S NAME	Irving Holland	14. MOTHER'S MAIDEN NAME	Catherine Lee	Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No	16. SOCIAL SECURITY NO.	17. INFORMANT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		
		Unknown	John Holland Adamstown R.F.D.I., Md.	Uterine Hemorrhage		
				DUE TO Conditions, if any, which gave rise to immediate cause (b)		
				DUE TO (c)		
				Child Birth		
				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)	21. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>	ACTUAL SIGNATURE <i>B.O. Thomas</i>	M.D.	CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	DATE SIGNED February 1, 1958		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-4-58	22c. NAME OF CEMETERY OR CREMATORIUM Hopehill	22d. LOCATION (City, town, or county) Frederick Co., Md.	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks 111 Frederick-Md.	ADDRESS FEB 1958	24a. REC'D BY REGISTRAR FEB 1958	24b. REGISTRAR'S SIGNATURE <i>John Martin</i>	(State)		

BUREAU V. S.

EB 10 1973

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1978 CERTIFICATE OF DEATH

(01980)

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE	
Frederick MARYLAND		Maryland Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb. 4 Days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#3	
3. NAME OF DECEASED (Type or print)		First CLAUDE	Middle STANLEY
		Last HOLTZ	4. DATE OF DEATH February 12, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 10, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Granville C. Holtz		14. MOTHER'S MAIDEN NAME Addie Wachter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Carl E. Holtz, Frederick R. F. D. #3, Md.
Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 94.7 DUE TO <i>Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>work</i> 4 days			
DUE TO <i>Froction & fits</i> (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] <i>Fell in nursing home</i>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Nursing home
(County) Frederick		(State) Pa	
21. I certify that I attended the deceased from Feb. 8, 1957, to Feb. 12, 1957, that I last saw the deceased alive on 19, and that death occurred at 7:15 P.M. from the causes and on the date stated above.			
ADDRESS (Street, city or town, state) M.D. East Church Street,		DATE SIGNED 2/14/58	
ACTUAL SIGNATURE <i>E.P. Thomas</i>		PHYSICIAN'S NAME (Type) Dr. E. P. Thomas, Sr.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 15, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Zion Cemetery
22d. LOCATION (City, town, or county) Frederick County, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D. BY REGISTRAR FEB 14 '58	24b. REGISTRAR'S SIGNATURE <i>M. Etchison</i>

BUREAU V. S.

FEB 11 1952

REGISTRATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01981

1979

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 41 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 241 West Patrick Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or print) Jesse		First Jesse	Middle Jacob
		Last Hoover	4. DATE OF DEATH Month February
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Nov. 29-1875		9. AGE (in years last birthday) 82 yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman		10b. KIND OF BUSINESS OR INDUSTRY Electric Railway	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Gideon Hoover	
14. MOTHER'S MAIDEN NAME Frances Main		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 214-10-5999-A		17. INFORMANT Mrs. Jesse J. Hoover-241 W. Patrick St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO (c)		Address Frederick, Md. INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19 ⁴² , to, 19 ⁵⁸ , that I last saw the deceased alive on Feb 24 , 19 ⁵⁸ , and that death occurred at 3:30 P.M., from the causes and on the date stated above. ACTUAL MATERIAL <i>H. F. Kline</i>		ADDRESS (Street, city or town, etc.) 7 North Market Street, Frederick, Md. DATE SIGNED Frederick, Md.	
PHYSICIAN'S NAME (Type) Dr. H. F. Kline		7 North Market Street, Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-26-1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery
22d. LOCATION (City, town, or county) Frederick-Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>C.E. Cline & Son</i>		24a. REC'D BY REGISTRAR DATE Sep 27 '58	24b. REGISTRAR'S SIGNATURE <i>Alfred E. Cline</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

CB 7 1968

CONFIDENTIAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01982

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH o. COUNTY		1930 Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE		Md.		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b Frederick		d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Frederick Memorial Hospital		STREET ADDRESS 149 Fairview Ave.				
3. NAME OF DECEASED (Type or print)		First James	Middle C. X	Lost Horine	4. DATE OF DEATH Feb. 9 1958	Month Feb.	Day 9	Year 1958
5. SEX Male		6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1948	9. AGE (In years lost birthday) 9 yrs	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick, Co., USA		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Carroll L. Horine		14. MOTHER'S MAIDEN NAME Vera Maxson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address		
				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 844.X DUE TO Conditions, if any, which gave rise to immediate cause (b) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.		
				Hemorrhage				
				Rupture and torn liver and spleen		4 hrs.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		20. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) Was sledding; ran into a culvert.		
20c. TIME OF INJURY Hour 6 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) on farm		20f. (City or town) Mr Myersville, Fred. Md.	(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		ACTUAL SIGNATURE <i>B. O. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED February 10, 58		
22a. BURIAL CREMATION REMOVAL (Specify) Burial		22b. DATE THEREOF 2/12/1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Calvary Cemetery		22d. LOCATION (City, town, or county) Frederick, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Gladhill Co., Middleton, Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE FEB 13 '58		24b. REGISTRAR'S SIGNATURE <i>Wm. eden</i>		

1958

CHASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1981 CERTIFICATE OF DEATH

(11983)

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Since 1/30/58	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MORIELL First	1. Middle Moriell	4. DATE OF DEATH JONES	Month Feb. Day 2 Year 1958
S. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown
9. AGE (In years lost birthday) 62? yrs		10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Hours 0 Min 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or Foreign country) Maryland
13. FATHER'S NAME Charles E. Jones		14. MOTHER'S MAIDEN NAME Annie Purdum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Edward M. Smith, Frederick, Md.		221 Center St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH { 3-4 days	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last H2O.0			
(b) DUE TO Venous thrombosis			
(c) Arteriosclerotic heart disease, decompensated		Prob. sev. years	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Malnutrition			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> off work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan. 30, 1958 to Feb 2, 1958 , that I last saw the deceased alive on Feb 1, 1958 , and that death occurred at 210 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Ralph L. Michels		ADDRESS (Street, city or town, state) New Market, Maryland	
PHYSICIAN'S NAME (Type) Ralph L. Michels MD		DATE SIGNED 2/2/58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-5-58	22c. NAME OF CEMETERY OR CREMATORIUM Providence Cemetery	22d. LOCATION (City, town, or county) (State) Kempton, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE EEB 6 '58	
		24b. REGISTRAR'S SIGNATURE 1/13/58	

BUREAU V. S.

FEB 6 1959



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2012 CERTIFICATE OF DEATH

Reg. Dist. No.

01984

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg,		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg,		d. STREET ADDRESS DePaul Street		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DePaul Street				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) John		First	Middle Francis	Last Kelly	4. DATE OF DEATH February 17, 1958	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH August 28, 1871	9. AGE (in years last birthday) 86 yrs	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	12. IF UNDER 24 HRS Hours	13. IF UNDER 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broom maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jerome F. Kelly		14. MOTHER'S MAIDEN NAME Mary Peddicord						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-30-5733		17. INFORMANT Elsie G. Kelly		Address Emmitsburg, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Emmitsburg, Md.		20f. (City or town) (County) Emmitsburg, Md.		(State)
21. I certify that I attended the deceased from Feb 22 , 1958, to Feb 17 , 1958, that I last saw the deceased alive on Feb 6 , 1958, and that death occurred at 6:40 PM , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Emmitsburg, Md.		DATE SIGNED 2-18-58		
ACTUAL SIGNATURE Charles R. Williams		M.D.						
PHYSICIAN'S NAME (Type) CHARLES R. WILLIAMS								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/20/1958		22c. NAME OF CEMETERY OR CREMATORIUM St. Joseph's Catholic Cemetery, Emmitsburg, Frederick Co. Md.		22d. LOCATION (City, town, or county) Emmitsburg, Frederick Co. Md.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE S. L. Allison		ADDRESS Emmitsburg, Md.		24a. REG'D BY REGISTRAR Emmitsburg, Md.		24b. REGISTRAR'S SIGNATURE		

TO HOSPITAL **TO FUNERAL** **R:** After this certificate has been signed by the attending physician and completely filled in, it may be returned to the hospital or attending physician. **R:** This certificate should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU N.Y.

13 NOV 1963

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1982

CERTIFICATE OF DEATH

Reg. Dist. No.

01985

1. PLACE OF DEATH a. COUNTY Frederick County			MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.			b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			c. LENGTH OF STAY IN 1b 11			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hosp.			d. STREET ADDRESS 628 Grant Place								
3. NAME OF DECEASED (Type or print) MINNA FAUL KNOOLL			First	Middle	Last	4. DATE OF DEATH Feb. 4, 1958	Month	Day	Year		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1886			9. AGE (In years last birthday) 71 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Alfred J. Faul			14. MOTHER'S MAIDEN NAME Minna Caspari								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Alfred J. Knoll - 628 Grant Pl., Frederick Md	Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertension & intramural heart disease</i> 440A DUE TO						INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)			DUE TO								
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from 11-1- , 19 25 , to 2-3- , 19 28 , that I last saw the deceased alive on 2-3- , 19 58 , and that death occurred at M , from the causes and on the date stated above. ACTUAL SIGNATURE <i>R. K. 77 Burton</i> M.D. 35 E. Church PHYSICIAN'S NAME (Type) <i>R. K. 77 Burton</i> Frederick Md						ADDRESS (Street, city or town, state) DATE SIGNED					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial			22b. DATE THEREOF 2/7/58			22c. NAME OF CEMETERY OR CREMATORIUM Loudon Park Cem.			22d. LOCATION (City, town, or county) Baltimore, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Wickes & Sons - Baltimore</i>			ADDRESS 1101 F St. N.E. Baltimore, Md.			24a. REC'D BY REGISTRAR DATE FEB 6 '58			24b. REGISTRAR'S SIGNATURE <i>John J. Wickes & Sons - Baltimore</i>		

EB 6 1958



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1983 CERTIFICATE OF DEATH

Reg. Dist. No. 01986

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b X	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWARD Last LAMM		4. DATE OF DEATH Month February Day 2 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 23 Oct 1874
9. AGE (In years last birthday) 83 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Solomon Lamm		14. MOTHER'S MAIDEN NAME Henrietta Cook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-09-8146 17. INFORMANT Address Mrs. Mary E. Lamm (Same as item #2)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c) DUE TO		<i>Pulmonary & Generalized Edema</i> 1 yr <i>Myocarditis Decompensated</i> 3 mo <i>Generalized Atherosclerosis</i> 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Mar</i> , 1957, to <i>Feb 2, 1958</i> , that I last saw the deceased alive on <i>Feb 1, 1958</i> , and that death occurred at <i>5:30A</i> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Jefferson, Md. DATE SIGNED 2-4-58	
ACTUAL SIGNATURE <i>A. T. Brice</i> PHYSICIAN'S NAME (Type) A. T. Brice, M. D.		22b. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 2-5-58 22c. NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery 22d. LOCATION (City, town, or county) Jefferson, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR FEB 6 '58	24b. REGISTRAR'S SIGNATURE

EDWARD V. S.

EDR A 10

REVIEWED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2013 CERTIFICATE OF DEATH

01987

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write town) Knoxville		b. COUNTY Frederick	
c. LENGTH OF STAY IN 1b —		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Knoxville	
d. NAME OF HOSPITAL (If not in hospital, give street address) Knoxville		d. STREET ADDRESS Knoxville	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Gertrude		First	Middle —
		Last Lewis	4. DATE OF DEATH Feb. 17 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1878
9. AGE (In years last birthday) yrs. 79		10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Weverton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry Harrison		14. MOTHER'S MAIDEN NAME Caroline (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No (Yes, unknown)		16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs. Albert Miller Address Knoxville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral</i>		INTERVAL BETWEEN ONSET AND DEATH, weeks	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Chronic Hypertensive Nephritis</i> DUE TO (c)		10 yrs	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> off work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>1/1/18</u> , 1957, to <u>2/1/58</u> , that I last saw the deceased alive on <u>2/1/58</u> , and that death occurred at <u>9:30 P.M.</u> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <u>Lovettsville, Va.</u> DATE SIGNED <u>2/18/58</u>	
ACTUAL SIGNATURE <u>J. B. Bryant</u> PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (SIFTING) Burial		22b. DATE THEREOF Feb. 19	22c. NAME OF CEMETERY OR CREMATORIAL Reformed
22d. LOCATION (City, town, or county) Knoxville, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Eloa J. Feete</u>		24a. ADDRESS Brunswick, Md.	24b. REG'D BY REGISTRAR DATE FEB 24 '58
		REGISTRAR'S SIGNATURE <u>R. L. Johnson</u>	

BUREAU V. S.

463 04 1069

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1984

CERTIFICATE OF DEATH

01988

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
Frederick MARYLAND		a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Frederick	51 years	Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
206 East 6th Street		206 East 6th Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Gertie	Middle Emma	Last Lipps
4. DATE OF DEATH	Month February	Day 19	Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> WIDOWER <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22-1879
9. AGE (In years last birthday) 78 yrs		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Claggett Albert Waltz		14. MOTHER'S MAIDEN NAME Sarah Elizabeth Ernst	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Maynard V. Lipps-206 E. 6th St.-Frederick-Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 3 years			
DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Senile, (c) 5 yrs.			
DUE TO			
DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from March 10, 1955, to Feb 19, 1958, that I last saw the deceased alive on Feb 18, 1958, and that death occurred at 2:30 A.M., from the causes and on the date stated above. ACTUAL SIGNATURE <i>Rex R. Martin</i> ADDRESS (Street, city or town, state) DATE SIGNED <i>35 E. Church Frederick, MD 2-19-58</i>			
PHYSICIAN'S NAME (Type) <i>Rex R. Martin</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-22-1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick-Maryland
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Cline & Son</i>		24a. REC'D BY REGISTRAR FEB 21 '58	
		24b. REGISTRAR'S SIGNATURE <i>W. J. Cline</i>	

3 V. S.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be referred to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item No. 2-2-1 et al.

2014

CERTIFICATE OF DEATH

Reg. Dist. No.

01989

1. PLACE OF DEATH a. COUNTY		Maryland		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE		Maryland		b. COUNTY		Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b rural Ijamsville		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		X Sabillsville		d. STREET ADDRESS		rural	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		Rivers Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year			
Lorraine V Lohr					Feb	16		1958			
5. SEX	F	6. COLOR OR RACE	W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	1886 Nov. 12, 1886	9. AGE (in years less birthday) yrs	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Housewife-Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
				-		Illinois-(Mantena)		U.S.A.			
13. FATHER'S NAME		Henry Mortimer		14. MOTHER'S MAIDEN NAME		Susan Montague					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address			
no						Dr. Gerald M. Isbell		Baltimore, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Arteriosclerotic Heart Disease						1/2 yrs			
DUE TO											
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		(b)									
DUE TO											
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED?			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from Feb 4, 1958, to Feb 16, 1958, alive on Feb 10, 1958, and that death occurred at 10:30 A.M., from the causes and on the date stated above.								ADDRESS (Street, city or town, state)		DATE SIGNED	
ACTUAL SIGNATURE		Joseph Lerner M.D.				Ijamsville MD		Feb 16 58			
PHYSICIAN'S NAME (Type)		Joseph Lerner M.D.									
22a. BURIAL, CREMATION, Burial (Specify)		22b. DATE THEREOF Feb. 21, 1958		22c. NAME OF CEMETERY PARK Heights Cemetery		22d. LOCATION (City, town, or county) Brunswick, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE		Elva J. Feete		ADDRESS Brunswick, Md.		24a. REC'D BY REGISTRAR FEB 24 '58		24b. REGISTRAR'S SIGNATURE Elva J. Feete			

BUREAU Y.

FEB 24 1958

REGISTRATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1985 CERTIFICATE OF DEATH

01990

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 6 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 113 E. 5th Street		d. STREET ADDRESS 113 E. 5th Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First William	Middle Hayes	Last Luby	4. DATE OF DEATH Feb. 8 1958	Month Feb.	Day 8	Year 1958
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9- 1885	9. AGE (In years less birthday) 72 yrs	10. IF UNDER 1 YEAR Months 72	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-lime Co.		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Frederick Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John W. Luby		14. MOTHER'S MAIDEN NAME Mollie Freeland					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-07-0737		17. INFORMANT Vannie E. Luby--113 E. 5th Street Fred. Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH Months					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 444 X		DUE TO Chremia					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. } (b) Essential hypertension		DUE TO (c) Years -					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/7 , 19 58 , to 2/8 , 19 58 , that I last saw the deceased alive on 2/7 , 19 58 , and that death occurred at M. , from the causes and on the date stated above.		ADDRESS (Street, city or town, state)					
ACTUAL SIGNATURE <i>James B. Thomas</i>		DATE SIGNED 2/8/58					
PHYSICIAN'S NAME (Type) James B. Thomas							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 11-58		22c. NAME OF CEMETERY OR CREMATORIUM Fairview		22d. LOCATION (City, town, or county) Frederick, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks 111 Frederick, Md.		ADDRESS		24a. REC'D BY REGISTRAR Feb 14 '58		24b. REGISTRAR'S SIGNATURE O. B. Finch	

TO HOSPITAL
may be referred to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1986 CERTIFICATE OF DEATH

01991

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 7 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 134 West Patrick Street		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First MARY	Middle ANN	Last MILYARD	4. DATE OF DEATH Month February	Day 15,	Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1883	9. AGE (In years at birthday) 74	IF UNDER 1 YEAR yrs. Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Adam Bell				14. MOTHER'S MAIDEN NAME Jane Elizabeth Murphy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Gordon H. Milyard-Same as Item #2		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Dysmenorrhea embolism INTERVAL BETWEEN ONSET AND DEATH Minutes								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) Thromboflebitis						
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 2/10 , 19 58 , to 2/15 , 19 58 , that I last saw the deceased alive on 2/15 , 19 58 , and that death occurred at 4:25 P.M. , from the causes and on the date stated above.								
ACTUAL SIGNATURE James B. Thomas							ADDRESS (Street, city or town, state) M.D. Professional Building, Frederick, Maryland	
							DATE SIGNED 2/18/1958	
PHYSICIAN'S NAME (Type) Dr. James B. Thomas		Frederick, Maryland						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 19, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland								
24a. REC'D BY REGISTRAR DATE FEB 19 '58					24b. REGISTRAR'S SIGNATURE W. Smith			

PERIODIC V. S.

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PERIODIC V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1987 CERTIFICATE OF DEATH

Reg. Dist. No. 11992

1. PLACE OF DEATH a. COUNTY <u>Frederick</u>		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		c. LENGTH OF STAY IN 1b <u>2 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u>		b. COUNTY <u>Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hospital</u>		e. STREET ADDRESS <u>1 548 East Church St</u>				f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3 NAME OF DECEASED (Type or print)	First <u>James</u>	Middle <u>Brooke</u>	Last <u>Parkinson</u>	4. DATE OF DEATH <u>Feb 19</u>	Month <u>Feb</u>	Day <u>19</u>	Year <u>1958</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 1908</u>	9. AGE (in years last birthday) yrs. <u>2</u>	10. IF UNDER 1 YEAR Months <u>2</u>	11. IF UNDER 24 HRS Days <u>2</u>	Hours <u>0</u>	Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12 CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Edwin Brooke Parkinson Jr</u>			14. MOTHER'S MAIDEN NAME <u>Shirley Anne Aeschbachur</u>			Address					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or date of service)											
16. SOCIAL SECURITY NO. <input type="checkbox"/> 17. INFORMANT											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Attack</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>											
DUE TO											
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) _____											
DUE TO											
Conditions, if any, which gave rise to immediate cause (b), stating the under- lying cause first. (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u></u>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) <u>Frederick</u> (County) <u>Frederick</u> (State) <u>Md.</u>		
21. I certify that I attended the deceased from <u>1/15/58</u> , 19 <u>58</u> , to <u>1/19/58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1/15/58</u> , 19 <u>58</u> , and that death occurred at <u>2 PM</u> , from the causes and on the date stated above.											
ADDRESS (Street, city or town, state) <u>220 N. Market St</u> DATE SIGNED <u>2-19-58</u>											
ACTUAL SIGNATURE <u>A.M. Powell, M.D.</u>											
PHYSICIAN'S NAME (Type) <u>A.M. Powell, M.D.</u> FREDERICK - MD.											
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>2-20-1958</u>		22c. NAME OF CEMETERY OR CREMATORIAL <u>M.T.Olivet Cemetery</u>		22d. LOCATION (City, town, or county) <u>Frederick - Md.</u> (State) <u>Md.</u>					
23. FUNERAL DIRECTOR'S SIGNATURE <u>C.E. Cline & Son</u>		ADDRESS <u>Frederick - Md.</u>		24a. REC'D BY REGISTRAR DATE <u>FEB 21 '58</u>		24b. REGISTRAR'S SIGNATURE <u>C. E. Cline</u>					

July 20th A.D.

1861

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**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• 1988 CERTIFICATE OF DEATH**

u1993

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 2 days		d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Jefferson	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			e. STREET ADDRESS Route 1		
3. NAME OF DECEASED (Type or print) Lillian Lenora Pearl			f. DATE OF DEATH Month Day Year Feb. 9th 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 6-1901	9. AGE (In years lost birthday) 50 yrs.	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Luther N. Beard			14. MOTHER'S MAIDEN NAME Alice Keeney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 215-18-1036		17. INFORMANT Address Lawrence C. Pearl-Route 1-Jefferson-Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mycocardial Infarction DUE TO 420.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH 3 days					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) 4 W. 3rd. St.	(County) Frederick-Md.
21. I certify that I attended the deceased from 8 Feb. , 1958, to 9 Feb. , 1958, that I last saw the deceased alive on 9 Feb. , 1958, and that death occurred at 9:15 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE T. E. Stone M.D. ADDRESS (Street, city or town, state) 4 W. 3rd. St. DATE SIGNED 2-11-58					
PHYSICIAN'S NAME (Type) Dr. T.E. Stone		Frederick-Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-13-1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son		ADDRESS Frederick-Maryland		22d. LOCATION (City, town, or county) Frederick Maryland	
				24a. REC'D BY REGISTRAR DATE FEB 13 '58	
				24b. REGISTRAR'S SIGNATURE Alfred J. ...	

HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

W. A. Y.

1933

1933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1989

CERTIFICATE OF DEATH

Reg. Dist. No.

01994

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Station Hospital, Fort Detrick		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
f. STREET ADDRESS 235 South Market Street		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALSO KNOWN AS CATHERINE S. PFARR ANNA		4. DATE OF DEATH Last Month Day Year PFARR February 3, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 26, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse & Technician		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Andrew Steiner		14. MOTHER'S MAIDEN NAME Catharine Duecker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 577-05-9921A	17. INFORMANT Mrs. Byron A. Winebrenner, Frederick, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) CEREBRAL VASCULAR ANEURYSM DUE TO (c) CEREBRAL ARTERIOSCLEROSIS		40 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CYSTITIS, ASPIRATION PNEUMONIA		28 Days	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan. 29, 1958 , to Feb. 3, 1958 , that I last saw the deceased alive on Feb. 3, 1958 , and that death occurred at 9:17 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Nathan D. Charles</i>		ADDRESS (Street, city or town, state) Station Hospital, Fort Detrick, Md. DATE SIGNED 2/3/58	
PHYSICIAN'S NAME (Type) Nathan D. Charles M.D. Capt, MC.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb. 6, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Arlington National Cem.	22d. LOCATION (City, town, or county) (State) Fort Myer, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 6 '58	
		24b. REGISTRAR'S SIGNATURE <i>M. R. Etchison</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with the registrar prior to burial, cremation or removal, and in any event within 72 hours after death.

Page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation or removal, and in any event within 72 hours after death.

PHILAU V.S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1990

CERTIFICATE OF DEATH

(11995)

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick County Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Marion	Middle F.	Last Pomeroy
4. DATE OF DEATH Feb. 27 1958	Month Feb.	Day 27	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2-1880
9. AGE (In years last birthday) 77 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. Hours 0
13. FATHER'S NAME John Pomeroy	14. MOTHER'S MAIDEN NAME Julia Lochner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 577-10-8703A	17. INFORMANT Mrs. Marion F. Pomeroy-115 W. South St.	Address Frederick-Md. 115 W. South St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 450.0		INTERVAL BETWEEN ONSET AND DEATH 1 yrs.	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Sensitivity		(c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 2-1 1955 , to 2-27 1958 , that I last saw the deceased alive on 2-26 1958 , and that death occurred at 10:00P.M. , from the causes and on the date stated above. ACTUAL SIGNATURE Rex R. Martin M.D. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin			
ADDRESS (Street, city or town, state) 35 E. Church St.		DATE SIGNED 3-1-58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3-3-1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick-Maryland
23. FUNERAL DIRECTOR'S SIGNATURE C.E. Cline & Son	ADDRESS Frederick-Maryland	24a. REC'D BY REGISTRAR DATE 11-13 '58	24b. REGISTRAR'S SIGNATURE John Cline

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2015

CERTIFICATE OF DEATH

Reg. Dist. No.

11996

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont		c. LENGTH OF STAY IN 1b 50 yrs.		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. STREET ADDRESS Carroll Street		
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) William Samuel Pryor		First William	Middle Samuel	
4. DATE OF DEATH February 8 1958	Month February	Day 8	Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1897	
9. AGE (in years from birth date) 60 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Days 0	12. IF UNDER 24 HRS Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Antique shop	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wilson L. Pryor		14. MOTHER'S MAIDEN NAME Ida Hauver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 188-09-5190	17. INFORMANT William S. Pryor, Jr.	Address Thurmont, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinomatosis 153.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Carcinoma of descending colon DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 8 m. 1 yr.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Myocardial ischemia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Thurmont, Md.	20f. (City or town) Thurmont	(County) Maryland
21. I certify that I attended the deceased from Dec. 2 1957 , to Feb. 8 1958 , that I last saw the deceased alive on Feb. 8 1958 , and that death occurred at 3:00 P.M. from the causes and on the date stated above.				
ACTUAL SIGNATURE M. Franklin Birely	ADDRESS (Street, city or town, state) Thurmont, Md.		DATE SIGNED 2/10/58	
PHYSICIAN'S NAME (Type) Dr. M. Franklin Birely				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-11-58	22c. NAME OF CEMETERY OR CREMATORIAL United Brethren Cem.	22d. LOCATION (City, town, or county) Thurmont, Maryland	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		ADDRESS Thurmont, Md.	24a. REC'D BY REGISTRAR FEB 13 1958	24b. REGISTRAR'S SIGNATURE Deafrech

TO HOSPITAL may be referred to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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THE VELVET

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

- 1991

CERTIFICATE OF DEATH

Reg. Dist. No. 011997

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb over 40 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 Pines Nursing Home				d. STREET ADDRESS 16 East South St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Milton	Middle Urner	Last Rickerd	4. DATE OF DEATH February 6	Month February	Day 6	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9-21-1880	9. AGE (In years last birthday) 77 yrs	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wm. H. Rickerd				14. MOTHER'S MAIDEN NAME Catherine L. King			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-4878		17. INFORMANT Silas T. Rickerd-Frederick-Md.(Brother)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)				<i>Cesarean Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH 8 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I attended the deceased from 1-6 - 1958 to 2-6 1958 , that I last saw the deceased alive on 1-7 1958 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 35 East Church St., Frederick, Md. DATE SIGNED 2-7-1958							
ACTUAL SIGNATURE <i>Rex R. Martin</i>	M.D.						
PHYSICIAN'S NAME (Type) Dr. Rex Martin	35 East Church St., Frederick, Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2-8-1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22d. LOCATION (City, town, or county) Frederick - Maryland (State)				
23. FUNERAL DIRECTOR'S SIGNATURE <i>C E Cline & Son</i>	ADDRESS Frederick-Md.	24a. REC'D BY REGISTRAR FEB 10 1958	24b. REGISTRAR'S SIGNATURE <i>John J. Cline</i>				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1992

CERTIFICATE OF DEATH

Reg. Dist. No. 111998

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in it should be filed with page 3 should be searched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 50 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 406 West South Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) 406 West South Street				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) DELLA		First SOPHIA	Middle SCHELL	Last Lass	4. DATE OF DEATH February 8, 1958	Month February	Day 8	Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 21 June 1886		9. AGE (In years at birthday) 71 yrs	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Randolph Hamilton		14. MOTHER'S MAIDEN NAME Anna Maria Hartman							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Nellie L. Gaugh (Same as item #1)		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442x		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b)		<i>Chas. Charles Royal Charles Nease</i>		INTERVAL BETWEEN ONSET AND DEATH 8 yrs			
DUE TO cause (a), stating the under- lying cause first. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from 4-5 , 19 51 , to 2-8 , 19 58 that I last saw the deceased alive on 2-7 , 19 58 , and that death occurred at 9 A.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) M.D. 30 W. All Saints St., Fred'k, Md. 2-10-58		DATE SIGNED			
ACTUAL SIGNATURE <i>U. G. Bourne Jr.</i>									
PHYSICIAN'S NAME (Type) U. G. Bourne, Jr., M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-11-58		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE Feb 11 '58		24b. REGISTRAR'S SIGNATURE <i>G. Etchison</i>			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1993

CERTIFICATE OF DEATH

Reg. Dist. No. 1999

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE MARYLAND		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CARRIAGE		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN 1b 2 DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNION BRIDGE		d. STREET ADDRESS ELGER ST.		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) MAGGIE BELLE SELBY		First	Middle	Last	4. DATE OF DEATH FEB. 9	Month	Day	Year 1958
5. SEX FEMALE		6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH SEPT 8 - 1880	9. AGE (in years last birthday) yrs. 77	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME WESLEY WILSON		14. MOTHER'S MAIDEN NAME SUSAN HILTEBRIDGE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO NONE		17. INFORMANT RALPH C. SELBY - BALTIMORE MD		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)				<i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH 3 days		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from Feb. 5, 1958 to Feb. 9, 1958 , and that death occurred at 2:40 AM , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Shaw Bridge		DATE SIGNED Feb. 9, 1958		
ACTUAL SIGNATURE T. H. MESSLER, M.D.								
PHYSICIAN'S NAME (Type) T. H. MESSLER, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 2/12/58		22c. NAME OF CEMETERY OR CREMATORIAL LUTHERAN		22d. LOCATION (City, town, or county) UNION TOWNSHIP MD		(State)
23. FUNERAL DIRECTOR'S SIGNATURE D. Hartley (Union Bridge) Md		ADDRESS		24a. REC'D BY REGISTRAR DATE FEB 13 '58		24b. REGISTRAR'S SIGNATURE Aspinwall		

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K. S. KIVEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1994

CERTIFICATE OF DEATH

02000

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Since 11/56	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Maryland Odd Fellows Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last SHEELEY		4. DATE OF DEATH February 13, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5 May 1871
			9. AGE (In years last birthday) 86 yrs.
			IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Knitting Mills	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Abraham Sheeley		14. MOTHER'S MAIDEN NAME Katherine Kohler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown No		16. SOCIAL SECURITY NO. 217-18-7241	
17. INFORMANT Maryland Odd Fellows Home, (Same as item #1)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Hemorrhage <i>Cerebral Hemorrhage</i> Hemorrhage	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first.		1 DAY	
(b) <i>Arteriosclerosis</i>		10 Years	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb. 12, 1958, to Feb. 13, 1958, that I last saw the deceased alive on Feb. 13, 1958, and that death occurred at 11:30 P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED	
ACTUAL SIGNATURE <i>W. M. Smith</i>		M.D. 4 E. Church St., Frederick, Md. 2-15-58	
PHYSICIAN'S NAME (Type) William M. Smith, M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-17-58	
22c. NAME OF CEMETERY OR CREMATORIUM Stauffers Cemetery		22d. LOCATION (City, town, or county) (State) Smithsburg, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR TEST DATE	
		24b. REGISTRAR'S SIGNATURE <i>Linda</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 12000

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained by the funeral director.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.—File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		1995		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
Frederick		MARYLAND		a. STATE Maryland b. COUNTY Carroll	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Frederick				New Windsor	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Frederick Memorial Hospital		Church Street			
3. NAME OF DECEASED (Type or print)		First	Middle	SLINGLUFF	DATE OF DEATH Month Day Year
Thomas CROMWELL				Slingluff	February 17 1958
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years from birthday) IF UNDER 1 YEAR IF UNDER 24 HRS
Male		White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	December 21, 1862	95 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired FARMER		OWN FARM		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
LOUIS P SLINGLUFF		MARGARET OROMWELL		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOC AL SECURITY NO.		Address RURAL MD.	
No		None		ROBERT SLINGLUFF NEW WINDSOR	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Pulmonary Edema & congestive heart failure 12 hours			
4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Sclerotic heart disease 5 yrs.			
(b) DUE TO Conditions, if any, which gave rise to underlying cause (a).		XXXXX- Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
19					
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
EXAMINER'S NAME (Type)		DATE SIGNED February 17, 1958			
B.O. Thomas, M.D.					
22a. BURIAL, CREMATION REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM	
BURIAL 2/20/58		PIPE CREEK CEM		CARROLL COUNTY MD	
22d. LOCATION (City, town, or county) (State)					
ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
D. O. Hachler & Sons, New Windsor, Md.		FEB 20 '58		[Signature]	
DATE					

BUREAU Y.

E3 60 1958

CONFIDENTIAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1996

CERTIFICATE OF DEATH

Reg. Dist. No. 1120012

1. PLACE OF DEATH a. COUNTY FREDERICK		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN lb 7 HRS		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE MARYLAND		b. COUNTY FREDERICK	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW WINDSOR		f. STREET ADDRESS RURAL		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Edith Irene Smith		First	Middle	Lost	4. DATE OF DEATH 2	Month	Day	Year	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH AUG 20 - 1918	9. AGE (in years last birthday) 39 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME BOOKER STOUT		14. MOTHER'S MAIDEN NAME MAGGIE HART		Address RURAL NEW WINDSOR MD					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT CLEVE V SMITH		INTERVAL BETWEEN ONSET AND DEATH 1 week			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		Congestive heart failure							
44u Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO		Bilateral lobar pneumonia				10 days			
(c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 2/21/58 to 2/24 , 1958, that I last saw the deceased alive on 2/21 , 1958, and that death occurred at 7:45 PM , from the causes and on the date stated above. ACTUAL SIGNATURE Henry V Chase PHYSICIAN'S NAME (Type) Henry V. Chase		M.D.		ADDRESS (Street, city or town, state) 4 E. Church St		DATE SIGNED 2/22/58			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 2/25/58		22c. NAME OF CEMETERY OR CREMATORIUM PREMIER CEMETARY PREMIER		22d. LOCATION (City, town, or county) W. VA.			
23. FUNERAL DIRECTOR'S SIGNATURE DD Hartzler & Sons		ADDRESS New Windsor, Md.		24a. REC'D BY REGISTRAR 1958		24b. REGISTRAR'S SIGNATURE D. L. Smith			

TO HOSPITAL or ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Journal V. 1

1959



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

112003

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick			MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland			b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ladiesburg		c. LENGTH OF STAY IN b. X		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ladiesburg			d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 										
3. NAME OF DECEASED (Type or print) Floyd		First Hamilton Middle Smith		Last 		4. DATE OF DEATH February 27, 1958	Month	Day	Year	
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH November 3, 1886	9. AGE (In years last birthday) 71 yrs.	10. IF UNDER 1 YEAR Months Days 	11. IF UNDER 24 HRS Hours Min 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME Charles H. Smith		14. MOTHER'S MAIDEN NAME Navy E. Lippy		Address						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 215-09-1287		17. INFORMANT Mrs. Elsie Smith, Ladiesburg, Maryland						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last Caustic Heart Failure		Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH —						
DUE TO (b) Caustic Heart Failure		Arteriosclerotic Heart Disease		5 years						
DUE TO (c) Arteriosclerotic Heart Disease				5 years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) Pulmonary Emphysema						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Ladiesburg, Maryland	(County) 	(State) 		
21. I certify that I attended the deceased from March 1953 to Feb 27, 1958 , that I last saw the deceased alive on Feb 14, 1958 , and that death occurred at 10:30 PM , from the causes and on the date stated above.										
ADDRESS (Street, city or town, state) Taneytown, Maryland								DATE SIGNED 2-28-58		
ACTUAL SIGNATURE E. Ambler Thompson, M.D.										
PHYSICIAN'S NAME (Type) 										
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 2, 1958	22c. NAME OF CEMETERY OR CREMATORIAL Haugh's Cemetery			22d. LOCATION (City, town, or county) Ladiesburg, Maryland		(State) 			
23. FUNERAL DIRECTOR'S SIGNATURE Merwyn C. Fuss		ADDRESS Taneytown, Maryland		24a. REC'D. BY REGISTRAR MAR 3 58		24b. REGISTRAR'S SIGNATURE C. J. ...-eabin				

HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be signed by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS ATS (4)
ISM 10/57

BUREAU V. 2

MAR 3 1963

REGISTRATION
NUMBER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2017 CERTIFICATE OF DEATH

Reg. Dist. No.

02004
13944

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE		Maryland		b. COUNTY	
Frederick				Maryland		Charles			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Bel Alton		d. STREET ADDRESS	
Cullen		175 days		Bel Alton					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
Victor Cullen State Hospital									
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year	
Harry				Spalding	February	25		1958	
S. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	July 2, 1889	68 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Carpenter				Maryland		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Edward Leo Spalding		Elizabeth Gattor							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address			
710		218-30-3964		Records of Victor Cullen State Hospital					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-respiratory failure</u>									
DUE TO									
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <u>Far advanced pulmonary tuberculosis</u>									
DUE TO									
(c) —									
INTERVAL BETWEEN ONSET AND DEATH									
5 years									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>none</u>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
19									
21. I certify that I attended the deceased from <u>9/3, 1957</u> , to <u>2/25/58</u> , 19, that I last saw the deceased alive on <u>2/25/1958</u> , and that death occurred at <u>11:35M</u> , from the causes and on the date stated above.									
ACTUAL SIGNATURE <u>T. Vestal</u> M.D. PHYSICIAN'S NAME (Type) <u>Tom F. Vestal, M.D.</u> ADDRESS (Street, city or town, state) <u>Victor Cullen State Hospital</u> DATE SIGNED									
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIAL		22d. LOCATION (City, town, or county)			
Burial		2-28-58				<u>H. Spalding Bel Alton, Md</u>			
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE			
<u>Michael J. LaPolla, M.D.</u>				DATE <u>FEB 27 '58</u>		<u>John Smith</u>			

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-tranit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

FEB 27 196

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2018 CERTIFICATE OF DEATH

Reg. Dist. No. 12005

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KNOXVILLE		c. LENGTH OF STAY IN lb	b. COUNTY Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION KNOXVILLE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X KNOXVILLE		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	First Harry	Middle Lee	Last STEVENS	4. DATE OF DEATH Feb. 11 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH AUG. 17, 1880	9. AGE (in years last birthday) 78 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Burkittsville, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Stevens		14. MOTHER'S MAIDEN NAME FANNIE House		Address Knoxville, Md.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO —	17. INFORMANT Raymond Stevens	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) 331a DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH 24 h
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not white of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	20f. (City or town) — (County) (State)
21. I certify that I attended the deceased from _____ to _____ alive on _____, and that death occurred at _____ M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>G. Smith</i>		ADDRESS (Street, city or town, state) — DATE SIGNED 2-13-58		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 14, 1958	22c. NAME OF CEMETERY OR CREMATORIUM LOCUST VALLEY	22d. LOCATION (City, town, or county) LOCUST VALLEY Maryland (State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>Elton V. Fette</i>		ADDRESS BRUNSWICK, Md.	24a. REC'D BY REGISTRAR FEB 17 1958	24b. REGISTRAR'S SIGNATURE <i>C. ...</i>

TO HOSPITAL/ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 4

may be referred to the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit Permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of death.

POLAROID

8. 9. 1959



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02006

1997 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b 61 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1/ Frederick				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 242 Carroll Parkway		d STREET ADDRESS 1/ 242 Carroll Parkway	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Alma	First T.	Middle Stull	4. DATE OF DEATH Feb. 20th	Month	Day	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B DATE OF BIRTH Feb. 20-1877	9 AGE (in years from last birthday) 81 yrs	10 IF UNDER 1 YEAR Months	11 IF UNDER 24 HRS. Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail Shoe Store	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Albert Locke			14. MOTHER'S MAIDEN NAME Mary Ellen Fogle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT 220-405-6049 Mr. O.Clifford Stull-242 Carroll Parkway-	Address Frederick-Md.		
No						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 31X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost (b) DUE TO (c)		Cerebral Hemorrhage 1 day				
		Gastroenteritis & Hypertension 1 year				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Arteriosclerosis Heart Disease		(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour o. m. — 19 p. m.		20d. INJURY OCCURRED White Not white at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Frederick	(County)	(State)
21. I certify that I attended the deceased from July 1, 1957, to Feb 20, 1958, that I last saw the deceased alive on Feb 11, 1958, and that death occurred at 5:00 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 4 East Church Street DATE SIGNED 2-22-58						
ACTUAL SIGNATURE A. A. Pearre		Physician's Name (Type) Dr. A. A. Pearre Frederick-Maryland				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 23-1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22d. LOCATION (City, town, or county) Frederick (State) Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son		W. ADDRESS Frederick-Md.	24a. REC'D BY REGISTRAR DATE 1/24 '58	24b. REGISTRAR'S SIGNATURE W. Cline		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BURZAU V. S.

FEB 04 1959

REGULATIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1998

CERTIFICATE OF DEATH

Reg. Dist. No. 102007

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Carroll	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1B 2 Weeks	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Airy 06-2	
3. NAME OF DECEASED (Type or print)	First ROSALIE	Middle VIRGINIA	Last SUMMERS
4. DATE OF DEATH	Month February	Day 22	Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> 6 Sept 1889
8. AGE (In years last birthday) 68 yrs.		9. IF UNDER 1 YEAR Months	10. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Department Store	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clinton Grimes		14. MOTHER'S MAIDEN NAME Mary Margaret Ramsburg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 577-36-8363	
17. INFORMANT Mrs. Charlotte L. Hauser, Baltimore 14, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443 X DUE TO Cerebral hemorrhage INTERVAL BETWEEN Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypertensive cardiovascular disease 12 days	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 1957, to 2/22 1958, that I last saw the deceased alive on 2/22 1958, and that death occurred at 4 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE Henry V. Chase M.D. ADDRESS (Street, city or town, state) Physician's Name (Type) Henry V. Chase, M. D. DATE SIGNED 2-24-58			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-25-58	
22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE	
ADDRESS		24b. REGISTRAR'S SIGNATURE FEB 25 1958	

CERTIFICATE OF DEATH

RECEIVED	SEARCHED	INDEXED	SERIALIZED	FILED
FEB. 25 1959				
BUREAU V. S.				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2019

CERTIFICATE OF DEATH

02008

Reg. Dist. No.

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND		b. COUNTY FREDERICK		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNION BRIDGE		c. LENGTH OF STAY IN 16 YEARS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNION BRIDGE X RURAL		d. STREET ADDRESS JOHNSVILLE		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL, JOHNSVILLE				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) CORA		First	Middle	Last	4. DATE OF DEATH FE B 20 1958	Month	Day	Year
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 1-1872		9. AGE (In years last birthday) 85 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME EMANUEL BRANDENBURG		14. MOTHER'S MAIDEN NAME ANNIE JOHNSON						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT RALPH WARNER		Address PUBLIC UNION BRIDGE MD		
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		Cerebral Hemorrhage		Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) UNION BRIDGE		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 2-4- , 19 58 , to 2-20- , 19 58 , that I last saw the deceased alive on 2-19- , 19 58 , and that death occurred at 10:30A , from the causes and on the date stated above. ACTUAL SIGNATURE J. H. Legg		M.D.		ADDRESS (Street, city or town, state) Union Bridge Md		DATE SIGNED 2-21-58		
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 2/23/58		22c. NAME OF CEMETERY OR CREMATORIAL METHODIST CEM.		22d. LOCATION (City, town, or county) JOHNSVILLE MD.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Q. H. Hutzler & Sons Union Bridge Md.		ADDRESS		24a. REC'D BY REGISTRAR DeLoach		24b. REGISTRAR'S SIGNATURE DeLoach		
VS A15 (4) 15M 9/55				DATE FEB 25 58				

THE CANADIAN STATE OBSERVATORY OF MONTREAL—BRITISH COLUMBIA

CERTIFICATE OF DEATH

RECEIVED

BUREAU Y.

EB 25 1969

RECEIVED